

BALTIMORE CITY ETHICS BOARD
626 City Hall
Baltimore, Maryland 21202
Phone: 410-396-4730 Fax: 410-396-8483
<http://www.baltimorecity.gov/Government/BoardsandCommissions/EthicsBoard.aspx>

LATE FEE: \$2/DAY

IMPORTANT:
CAREFULLY READ
ACCOMPANYING DIRECTIONS

FINANCIAL DISCLOSURE STATEMENT
FOR
OFFICIALS AND EMPLOYEES GENERALLY

NOTE: *Bold-italicized terms* are defined in the accompanying Financial Disclosure Directions, which should be reviewed carefully before completing this Statement.

PART A. IDENTITY OF STATEMENT MAKER

All filers:

Last Name Branch First and Middle Names Warren Maurice
Principal Residence 9 [REDACTED] N. Linwood Avenue
Balto., Md. 21205
Residence Telephone [REDACTED]

All filers *except* candidates for elected office:

Agency (Dep't, Division, Bureau) _____
Position with Agency _____
Office Address _____

Office Telephone (_____) Email Address: _____

Candidates for elected office:

Office Sought _____

PART B. TYPE OF STATEMENT/REPORTING PERIOD COVERED

All filers must check the applicable type of Statement and specify the year for which it is filed:

Annual Statement Entry Statement Departure Statement Candidate's Statement

For Calendar Year 20 11.

Persons filing a Departure Statement must also complete the following {see Directions at Part III(c)(2)}:

This Statement also covers the period of January 1, 20____ through _____, 20____

PART C. RECEIPT BY ETHICS BOARD

NOTE: To be completed only by Ethics Board.

This Statement and accompanying Schedules were received for filing on 4-29-12

N. Evans
For Board of Ethics

PART D. DISCLOSURES

1. INTERESTS IN REAL PROPERTY

During the *reporting period* covered by this Statement, did any of the following have any *interest* in any real property (*including property purchased or leased as your or their personal residence*), whether located in or outside Baltimore City?

If you answer "yes" to any of these, complete and attach **Schedule 1**.

a. You

Yes No

b. A *family member* (if you directly or indirectly controlled that *family member's interest*)

Yes No

c. An *attributable entity*

Yes No

d. A partnership, limited liability partnership, limited liability company, or other unincorporated entity in which you, a *family member* (if you directly or indirectly controlled that *family member's interest*), or an *attributable entity* held an interest

Yes No

2. INTERESTS IN BUSINESS ENTITIES

During the *reporting period* covered by this Statement, did any of the following have any *interest* in any *business entity*?

If you answer "yes" to any of these, complete and attach **Schedule 2**.

a. You

Yes No

b. A *family member* (if you directly or indirectly controlled that *family member's interest*)

Yes No

c. An *attributable entity*

Yes No

3. POSITIONS WITH *BUSINESS ENTITIES DOING BUSINESS WITH CITY*

During the *reporting period* covered by this Statement, did any of the following hold an office, directorship, salaried employment, or similar position with any *business entity* that does *business with the City* {or is regulated by or lobbies before the *City*}?

If you answer "yes" to any of these, complete and attach **Schedule 3**.

a. You

Yes No

b. Your spouse or child

Yes No

c. Your parent or sibling (to the extent known to you)

Yes No

4. GIFTS (INCLUDING TRAVEL EXPENSES) FROM *PERSONS DOING BUSINESS WITH CITY*

During the *reporting period* covered by this Statement, did any of the following accept, directly or indirectly, any *significant gift* (including payment of travel expenses) from any *person* that (i) does *business with the City* {or is regulated by or lobbies before the *City*} or (ii) is an owner, partner, officer, director, trustee, employee, or agent of any *person* that does *business with the City* {or that is regulated by or lobbies before the *City*}?

If you answer "yes" to any of these, complete and attach **Schedule 4**.

a. You

Yes No

b. A *family member* or other *person* at your direction

Yes No

5. DEBTS TO *PERSONS DOING BUSINESS WITH CITY*

During the *reporting period* covered by this Statement, were any of the following indebted to any *person* that does *business with the City* {or is regulated by or lobbies before the *City*}?

Note: The following debts need not be reported: (i) utility accounts (e.g., telephone, gas, or electric accounts); or (ii) retail credit or installment sales accounts (e.g., credit card purchases or advances; car or appliance financing through dealer or established lender).

If you answer "yes" to any of these, complete and attach **Schedule 5**.

a. You

Yes No

b. A *family member* (if you were involved in the transaction giving rise to the debt)

Yes No

6. FAMILY MEMBERS EMPLOYED BY CITY

During the *reporting period* covered by this Statement, were any of the following employed by the *City*?

If you answer "yes" to any of these, complete and attach **Schedule 6**.

a. Your spouse or child

Yes No

b. Your parent or sibling

Yes No

7. OTHER SOURCES OF EARNED INCOME

During the *reporting period* covered by this Statement, were any of the following (i) a compensated employee of someone other than the *City*; (ii) an owner (sole or partial) of a *business entity*; or (iii) a recipient of earned income from a *business entity*?

If you answer "yes" to any of these, complete and attach **Schedule 7**.

a. You

Yes No

b. Your spouse or child

Yes No

8. ADDITIONAL INFORMATION

Is there any other interest or information that you would like to disclose?

If you answer "yes", complete and attach **Schedule 8**.

Yes No

PART E. SIGNATURE AND AFFIRMATION

I, Warren Maurice Branch, solemnly affirm under the penalties of perjury that the contents of this Statement and of all accompanying Schedules are true to the best of my knowledge, information, and belief.

Warren Maurice Branch
(Signature)

PART F. NOTARIZATION

STATE OF MARYLAND Baltimore
CITY/COUNTY OF Baltimore.

I CERTIFY that, on this 20th day of April, 2012, before me, a Notary Public in and for the City/County of Baltimore, personally appeared Warren Maurice Branch, who acknowledged that this Statement, the accompanying Schedules, and the preceding Affirmation were all his/her act.

AS WITNESS, my hand and Notarial Seal:

Ruth Lewis
(Notary Public)

My Commission Expires: 9-30-15

{PAGE LEFT INTENTIONALLY BLANK}

SCHEDULE 1
INTERESTS IN REAL PROPERTY

NOTE: For more than one property,
make additional copies of this Schedule.

1. LOCATION AND TYPE OF PROPERTY

Address or Legal Description: 910 N. Linwood Ave.
Balto., Md. 21205

Type of Property:

Improved Unimproved

Residential Commercial

Other (explain): Reside at parent's house 3 days a week.

2. HOLDER OF *INTEREST*

Name: Roland & Rosa Bishop

Relationship to Statement Maker:

Self Spouse Child Parent Sibling Attributable Entity

Unincorporated entity in which one of above held an *interest*

Address: 910 N. Linwood Ave
Balto., Md. 21205

3. NATURE OF *INTEREST*

Type of *interest*:

Fee simple Life Estate Leasehold Other (explain): _____

How held:

Solely held Jointly held*

*If jointly held, state % of interest: _____

4. OTHERS WITH *INTEREST* IN PROPERTY

Name: Roland & Rosa Bishop
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

5. CONDITIONS OR ENCUMBRANCES ON *INTEREST*

Describe the terms of any conditions or encumbrances on the *interest* and identify all parties involved:

6. HOW *INTEREST* ACQUIRED

Person From Whom *Interest* Acquired:

Name: Roland & Rosa Bishop n/a
Address: 910 N. Linwood Ave.
Baltimore, Md. 21205

Date Acquired: _____

Manner of Acquisition:

Purchase Gift Inheritance

Other (explain): _____

If Acquired by Purchase:

Nature and dollar amount (or value) of consideration paid for *interest*: _____

If Acquired Other Than by Purchase:

Fair market value of *interest* when acquired: \$_____

7. TRANSFERS

If all or any part of the *interest* was transferred to another during the period covered by the Statement –

Person to Whom Interest Transferred:

Name: NIA
Address: _____

Nature and amount of the *interest* transferred: _____

Nature and dollar amount (or value) of consideration received for the *interest*: _____

{PAGE LEFT INTENTIONALLY BLANK}

SCHEDULE 2
INTERESTS IN BUSINESS ENTITIES

NOTE: For more than one *business entity*,
make additional copies of this Schedule.

1. IDENTITY OF BUSINESS ENTITY

Name: N/A

Address of Principal Office: _____

2. HOLDER OF INTEREST

Name: N/A

Relationship to Statement Maker:

Self Spouse Child Parent Sibling *Attributable Entity*

Address: _____

3. NATURE AND AMOUNT OF INTEREST

Type of *interest*:

Sole proprietor General Partner Limited Partner Joint Venturer

Trust Beneficiary Trustor Reversionary Trust Interest

Stockholder Other (explain): _____

Amount of *interest*:

For a non-equity *interest* (e.g., notes or bonds) in any *business entity*, indicate –

dollar value of the *interest* : \$ _____

For an equity *interest* in a publicly traded corporation, specify *either* –

dollar value of the *interest* : \$ _____ or

number of shares owned: _____

For an equity *interest* in a non-publicly traded corporation or other *business entity*, specify –

either –

dollar value of the *interest*: \$ _____ or

both –

number of shares/ownership units owned: _____ and

percentage of company ownership represented by the *interest*: _____ %

4. CONDITIONS OR ENCUMBRANCES

Describe the terms of any conditions or encumbrances on the *interest* and identify all parties involved:

5. HOW *INTEREST* ACQUIRED

Note: Complete the following if the *interest* was acquired during the period covered by this Statement.

{*Exception:* If the *interest* (i) was acquired by dividend, (ii) consists solely of additions to existing publicly corporate interests, and (iii) has a value of less than \$500, you need only complete the item below labeled "Manner of Acquisition".}

Person From Whom *Interest* Acquired:

Name: _____
Address: _____

Date Acquired: _____

Manner of Acquisition:

Purchase Gift Inheritance

Other (explain): _____

If Acquired by Purchase:

Nature and dollar amount (or value) of consideration paid for *interest*: _____

If Acquired Other Than by Purchase:

Fair market value of *interest* when acquired: \$ _____.

6. TRANSFERS

If all or any part of the *interest* was transferred to another during the period covered by the Statement -

Person to Whom *Interest* Transferred:

Name: N/A

Address: _____

Nature and amount of the *interest* transferred: N/A

Nature and dollar amount (or value) of consideration received for the *interest*: N/A

{PAGE LEFT INTENTIONALLY BLANK}

SCHEDULE 3
POSITIONS WITH *BUSINESS ENTITIES* DOING *BUSINESS WITH CITY*

NOTE: For more than one *business entity* or more than one position holder,
make additional copies of this Schedule.

1. IDENTITY OF *BUSINESS ENTITY*

Name: City of Baltimore Environmental Control Board
Address of Principal Office: Lexington St.
Baltimore, Md. 21202

2. HOLDER OF POSITION

Name: Lawren M. Branch

Relationship to Statement Maker:

Self Spouse Child Parent Sibling

Address: _____

3. NATURE OF POSITION

Title: Environmental Control Board Member

Date Started: March 2012

General Duties: Attend Board Meetings - Will meet with
Directors to discuss duties.

4. AGENCIES WITH WHICH *BUSINESS ENTITY* DOES BUSINESS

Identify each agency of the *City* with which *business entity* does business and, as to each, the nature of that business (specifying, at a minimum, whether the *business entity* (i) is involved in sales or contracts with the agency; (ii) is regulated by the agency; or (iii) is a lobbyist with respect to matters before the agency):

All city agencies presiding over citation hearings -

{PAGE LEFT INTENTIONALLY BLANK}

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for each *significant gift* or series of *gifts* from the same *person* or entity. If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: _____
Address: _____

2. RECIPIENT OF *GIFT*

Name: _____

Relationship to Statement Maker:

Self Family member or other person, at your direction

Address: _____

3. NATURE OF *GIFT*

Describe *gift*: _____

Retail value when received: \$

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$

{PAGE LEFT INTENTIONALLY BLANK}

SCHEDULE 5
DEBTS TO PERSONS DOING BUSINESS WITH CITY

NOTE: For more than one person doing business with the City ,
make additional copies of this Schedule.

1. IDENTITY OF CREDITOR

Name: N/A
Address of Principal Office: _____

2. DEBTOR

Name: N/A

Relationship to Statement Maker:

Self Spouse* Child* Parent* Sibling*

Address: _____

*Describe your involvement in transaction: _____

3. DESCRIPTION OF DEBT

Date Incurred: N/A

Terms of Payment:

\$ _____ per

Month Quarter Year

Other (explain): _____

for _____ (number)

Months Quarters Years

Other (explain): _____

4. SECURITY FOR DEBT

None

Real Property (address): _____

Personal Property (describe): _____

Other (explain): _____

5. PRINCIPAL BALANCE

At start of *reporting period*: \$_____

At end of *reporting period*: \$_____

SCHEDULE 6
FAMILY MEMBERS EMPLOYED BY CITY

1. SPOUSE

Name: N/A

Address: _____

Name of Agency: _____

Title and Nature of Position: _____

2. CHILD

Name: N/A

Address: _____

Name of Agency: _____

Title and Nature of Position: _____

3. PARENT

Name: N/A

Address: _____

Name of Agency: _____

Title and Nature of Position: _____

4. SIBLING

Name: N/A

Address: _____

Name of Agency: _____

Title and Nature of Position: _____

{PAGE LEFT INTENTIONALLY BLANK}

SCHEDULE 7
OTHER SOURCES OF EARNED INCOME

1. STATEMENT MAKER

Name of Statement Maker: N/A

Business Entity's Name and Address: _____

Title and Nature of Position: _____

2. SPOUSE

Name of Spouse: N/A

Business Entity's Name and Address: _____

Title and Nature of Position: _____

3. CHILD

Name of Child: N/A

Business Entity's Name and Address: _____

Title and Nature of Position: _____

4. CHILD

Name of Child: N/A

Business Entity's Name and Address: _____

Title and Nature of Position: _____

5. CHILD

Name of Child: W/14

Business Entity's Name and Address: _____

Title and Nature of Position: _____

SCHEDULE 8
ADDITIONAL INFORMATION

λ_1/λ

Name: Kim Teuchert

Address: 5519 BELLEVILLE AVE

Organization: _____

Telephone: 410 205 5114

Date: 2 MAY 2012

Name on Form(s) Inspected: _____

Rawlings-BLAKE

Young

MIDDLETON

BRANCH

SCOTT

COLE

BLACK